

New Hope Specialist Care Ltd

New Hope Care Hereford

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

The inspection took place on 21 September 2016 and was announced.

New Hope Care Hereford is registered to provide personal care to people living in their own homes. There were 17 people using the service on the day of our inspection.

There was no registered manager in post during our inspection. The current manager of the service, with whom we met, was in the process of applying to become registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service people received was not always punctual or consistent. Staff did not always follow safe practice when assisting people to take their medicines. People and their relatives did not feel their concerns and complaints were always responded to appropriately by the provider.

Staff had been trained in how to protect people from harm and abuse. They knew how to recognise and report any concerns of abuse. The risks to individuals had been assessed and managed. People's involvement in decisions about risks associated with their care and support was encouraged by the provider.

Staff had the overall knowledge and skills needed to meet people's needs. They received training, supervision and ongoing support from the management team. The provider recognised and protected people's rights under the Mental Capacity Act. People had the level of support they wanted and needed with eating and drinking. Any associated risks had been assessed by the provider. Staff played a positive role in helping people to maintain good health and provided support for people to attend medical appointments, where needed.

People were supported by staff who adopted a caring approach towards their work, and treated people with dignity and respect. People felt able to express their views about the care and support provided. People's care and support was tailored to their individual needs.

The manager understood their responsibilities and provided the staff team with effective leadership and direction. The provider had developed quality assurance systems to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People did not always receive their medicines safely. Staff had been trained in how to protect people from harm and abuse. The risks to individuals had been assessed and managed. The provider followed safe recruitment practices.

Is the service effective?

Good 

The service was effective.

Staff received training, supervision and ongoing support from the provider to meet people's needs. The provider recognised and protected people's rights under the Mental Capacity Act. People had the support they needed to eat and drink. Staff helped people to maintain good health and sought professional medical advice as necessary.

Is the service caring?

Good 

The service was caring.

Staff adopted a caring and compassionate approach towards their work with people. People's involvement in care planning was encouraged by the provider. People were treated with dignity and respect.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

People's concerns and complaints were not always responded to appropriately by the provider. People received care and support tailored to their individual needs.

Is the service well-led?

Good 

The service was not always well-led.

People and their relatives did not always feel the service worked in an open and transparent manner. The provider's quality assurance systems had not identified shortfalls in the quality of

the service. Staff felt well-supported and directed by the manager.

New Hope Care Hereford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during our inspection.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, we spoke with six people who used the service and five relatives. We also talked to five members of staff, including care staff, the coordinator and the manager. We looked at the three people's care plans, staff training and recruitment records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

We looked at how staff supported people with their medicines. We found that staff did not always follow safe practice when assisting people to take their medicines. Staff administered three people's medicines from containers prepared, at any earlier point in the day, by the person's relatives. This practice is unsafe and does not reflect professional guidance on the administration of medicines. People's medicines must be given from their original packaging bearing the pharmacy's label to reduce the risk of medication errors.

We discussed this issue with the manager who was aware of this practice, but had not identified it as being unsafe. They informed us they would contact the affected people and their relatives, without delay, to discuss how these medicines could be given safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager assessed and planned their staffing requirements based upon the total number of care hours provided and people's individual care and support needs. However, people expressed mixed views about the punctuality of staff and consistency of the care and support provided. Some people told us that staff were generally on time, or only a few minutes late due, for example, to the traffic. Other people were more concerned about the impact of late calls and were not always informed about staff changes. One person told us, "I get all these odd calls and I really don't know what time they (staff) are coming."

People and their relatives told us that staff did not always stay for the agreed length of time during visits. One person told us, "I have to keep an eye on the clock and remind them (staff) that I have three quarters of an hour and not half an hour." This person went on to say, "They (staff) have got the habit of coming and asking, 'Is that all?' If I don't say anything, they go." A relative said, "[Family member] is not getting their allocated time. Staff have been cutting corners over the last four to six weeks."

We discussed people's comments about staff punctuality and the duration of their calls with the manager. They acknowledged that getting the planned staff to people on time had been challenging at times, particularly during the recent school summer holidays. This had been due, in part, to high levels of staff sickness and increased traffic in the city centre. The manager told us they had taken steps to improve staff punctuality. This had included recruiting additional staff to give the service greater flexibility. The provider was also in the process of introducing an electronic monitoring system to better track staff movements. The manager informed us that staff were expected to stay with each person for the full allocated time, and was not aware of any significant concerns in this regard.

People were supported by staff that had received training in how to keep people safe from harm and abuse. The manager described how they refreshed staff knowledge in this area by, for example, discussing the risk of abuse during their one-to-one sessions with staff. Staff understood the different ways abuse can occur and the potential signs to look out for. They knew that any potential abuse must be immediately reported to the manager. The provider had procedures in place for dealing with any such allegations of abuse and

alerting the relevant external agencies. The staff we spoke with were aware of these procedures.

Staff described the common safety hazards they looked out for when supporting people in their homes. This included checking for any trip hazards or food hygiene issues. Staff understood the need to immediately report any new hazards to the manager, including any unsuitable or damaged equipment. They confirmed that the manager shared information on risks with the staff team without delay. One staff member told us, "They (management) let us know if anything has changed as soon as possible."

The involvement of people and their relatives in decisions about risks was encouraged by the provider. The manager or senior staff met with people and their relatives, before the care started, to discuss how people were to be kept safe. They agreed plans with people to ensure any risks were safely managed. We saw that these plans covered, amongst other things, people's mobility needs, the risk of falls and people's safety when out and about. These plans were reviewed with people and their relatives at regular intervals, to ensure they remained accurate and effective. The staff we spoke with told us they were given time to read these plans, and understood their importance.

In the event that people were involved in any accidents or incidents, staff made the management team aware, without delay, and recorded these. The manager told us that these events were monitored on a continual basis, to ensure lessons were learned and action taken to keep people safe. We saw that a 'near miss' whilst a person was being hoisted had resulted in changes to how staff transferred this person to their chair, to keep them safe.

Staff underwent checks to make sure they were suitable to work with people. The staff we spoke with confirmed that they had completed a Disclosure and Barring Service (DBS) check and supplied written employment references before starting work for the provider. The DBS helps employers to make safer recruitment decisions. The provider had staff disciplinary procedures in place to address any serious misconduct by staff.

Is the service effective?

Our findings

People and their relatives felt that, overall, staff had the knowledge and skills needed to meet people's needs. However, some felt that staff training could be extended or further developed to improve staff confidence and skills levels. One person told us, "New staff could shadow a little longer. They seem to be let loose pretty soon and don't have the time to take in all the information." We discussed this issue with the manager. They informed us that staff training needs were assessed, on an individual basis, and kept under review. The manager kept up-to-date staff training records to enable them to do this. They told us the provider had plans in place to further develop staff training. These included providing staff with more in-depth training on how to support people with living with dementia.

The staff we spoke with felt that their training had prepared them for their job roles and reflected people's needs. One staff member told us, "There's lots of on-the-job training and that works better for me." New members of staff underwent an induction to the service. As part of their induction, staff participated in initial training, worked alongside more experienced staff and were given time to read people's care plans. The manager told us that all new staff were also supported to complete the Care Certificate. The Care Certificate is a set of minimum standards that the government expects all new care workers to be trained in during their induction. Following induction, staff received an ongoing programme of training and refresher training. One staff member described the benefits of the training they had been given on the use of compression bandages, enabling them to apply these with confidence.

Staff received ongoing support from the management team, who organised regular one-to-one sessions with staff. Staff told us that these meetings gave them the opportunity to talk about any difficulties in their work, receive feedback on their performance and discuss any additional training needs. The management team also provided staff with out-of-hours support to respond to any urgent requests for guidance and advice. One staff member told us, "There's always someone at the end of the phone - even out of hours."

We looked at how the provider was protecting people's rights under the Mental Capacity Act. The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and their relatives told us that staff sought people's consent and supported their decision-making. One person told us, "They never automatically do anything without my consent." The manager, and the staff we spoke with, understood the implications of the MCA for their work with people. The manager told us that staff had been given training to understand their associated responsibilities. One staff member told us, "You ask them (people) before you do things, offer them choices and put the onus on the person to take the lead." Another staff member said, "We ask them (people) and don't just assume that they're happy for us to do things based on previous experience."

People and their relatives told us that people were given the level of support they required with eating and

drinking. One person told us, "If they make things in a way I don't like, they change it to how I like it done." The manager had assessed any risks around people's eating and drinking and had put plans in place to manage these. This included monitoring one person's fluid intake due to the risk of dehydration. People had access to specialist advice in this area, where this was needed. One person had recently been assessed by the local Speech and Language Team. Staff were aware of people's support needs around eating and drinking, and told us they would immediately report any related concerns to the manager.

People and their relatives talked positively about the role staff played in helping people to maintain good health. They told us that staff accompanied people to medical appointments and routine check-ups, where this support was required. They praised the vigilance of staff in monitoring any changes in people's health and their prompt response to medical emergencies. One person told us, "They (staff) have called the ambulance for me a few time, because I have complex medical conditions." A relative described how staff had sought prompt medical advice from their family member's GP regarding the potential spread of a skin infection. Staff explained that they referred to people's care plans for guidance on their health conditions and any associated needs. They told us the management team also kept them up to date with any significant changes in people's day-to-day health needs.

Is the service caring?

Our findings

People and their relatives told us that staff took a caring and compassionate approach towards their work and went the extra mile for people. They gave examples of how staff demonstrated their concern for the people they supported. One person said, "They (staff) are very kind and gentle; that's the most important thing. When I'm being hoisted, they really do it well; there's no rushing." Another person told us, "If I'm having a low mood day, they (staff) will come and sit with me. They're very kind, caring and thoughtful." A relative praised the thoughtfulness of staff who took the time to contact them if their family member was particularly confused that day, adding "That's going over and above what they have to do."

The staff we spoke with knew the people they supported well and were able to describe their individual needs. Staff referred to the people who used the service with affection and empathy. One staff member told us, "I arrive early with one person just to have a chat; it makes their day. There are little things you can do to make the care more personal."

People and their relatives felt involved in decisions about the care and support provided. They met with the manager, before the service started, to discuss their needs and expectations. Further meetings and discussions around specific care decisions were arranged with the manager, as necessary. The manager confirmed that one person who used the service was currently receiving support from an advocate in relation to a financial matter. They informed us that they would signpost other people to local advocacy services, as required.

People and their relatives told us that staff treated people with dignity and respect. They described how staff respected their wishes and preferences, had respect for their homes and promoted their independence. One person told us, "They (staff) are very respectful of my wishes about how I like my bed made with hospital corners. They do it how I like it. It's one small area that I can have control in a life that doesn't have a lot of control." The staff we spoke with understood the importance of treating people in a respectful and dignified manner and protecting people's rights. They gave us examples of the practical steps they took in their day-to-day work with people to achieve this. One staff member explained, "It's about working with that person and allowing them to be in control of their life and to be independent." Other staff talked about the importance of protecting people's modesty and privacy during personal care tasks and ensuring the confidentiality of people's personal information.

Is the service responsive?

Our findings

People and their relatives knew how to raise complaints about the service. The provider had put in place formal procedures which should have ensured that all complaints were dealt with appropriately. However, some of the people and relatives we spoke with were unhappy with the way in which the provider had responded to their previous concerns and complaints.

One person told us they had received no acknowledgement or response to concerns raised with the provider by telephone a week earlier. This person went on to say, "I don't find that it (their complaint) is taken very seriously, and I never get any feedback." Another person criticised the manager's failure to treat their concerns in a confidential manner. They said the manager had shared the details of their complaint with one member of the person's family, without their permission. A relative felt the provider had taken inadequate action in response to concerns raised about the conduct of a staff member caring for their family member. Another relative told us, "I put in a complaint letter some time ago. All I had back was a terse reply from the previous manager."

We discussed this with the manager. They told us people and their relatives were encouraged to voice any concerns or complaints they may have about the service at any time. All such concerns were taken seriously and would be investigated in line with the provider's procedures. The manager informed us that they were aware of the need to treat all complaints in a confidential manner, and to provide complainants with a satisfactory response. They were not aware of any occasions on which they had failed to do this, or any concerns people had around their handling of complaints.

The manager described how they actively encouraged feedback from people and their relatives regarding the care and support provided. They made courtesy calls to, and arranged meetings with, people and their relatives on a regular basis to hear their views and opinions on the service. We saw evidence of this contact with people in their care files. The provider had also distributed feedback questionnaires to people and their relatives on an annual basis. The manager told us that the feedback received was collated and acted upon as required. The people and relatives we spoke with confirmed that they had received these questionnaires.

People and their relatives were satisfied with the extent to which they were involved in care planning. They felt that the care and support provided was built around people's individual needs. One person told us, "I get to decide. If I'm not ready to have my lunch, staff will do a couple of domestic chores. There's a bit of flexibility and that's good for me. Nothing is ever too much." Another person described how the provider had altered their visit times to better suit their needs.

We saw that people's care files contained information about their individual needs and preferences. The manager reviewed people's care plans with the individual and their relatives on a regular basis. Staff told us that they were given time to read people's care plans. They felt it was also important to talk to people on a day-to-day basis to better understand how to support them. One staff member told us, "It's about listening to people; communication is key."

Is the service well-led?

Our findings

The previous registered manager had left the service in July of this year. During our inspection, we met with the service's current manager who was in the process of applying to the Care Quality Commission to become registered manager.

The manager understood the duties and responsibilities associated with their post. They told us that they monitored the culture within the service by, amongst other things, listening to feedback from people and their relatives, and by directly observing staff practice during spot checks. The manager felt well-supported by the provider's senior management team, from whom they received regular visits. They told us they were able to request the resources needed to drive improvement. The manager explained how they kept themselves up to date with changes in legislation and developments in best practice through receiving routine updates from the provider and accessing care websites. This enabled the manager to incorporate best practice and fresh ideas into the service provided.

The manager told us they promoted an open, ongoing dialogue with people, their relatives and the staff team. However, people and their relatives had mixed views about their communication with the provider and the overall management of the service. Some talked positively about their relationship with the management team. They found the manager approachable, easy to get hold of and quick to respond. One relative told us, "[The manager} is great. They're very approachable and easy to talk to." Other people and relatives told us they had less confidence in the management team and doubted their openness.

Staff talked positively about their relationship and communication with the management team. They felt involved and well-supported by manager, and discussed their work with enthusiasm. One staff member told us, "We have discussed the long-term plans of the service and where the company is going." Staff found the management team approachable and felt able to question practice and decisions made, if they needed to. One staff member said, "[The manager] is very open to me going to them with any concerns." This staff member went on to say, "It's a big family atmosphere here. Everybody cooperates with one another and the clients always take priority." The provider had put a whistleblowing policy in place, and staff were aware of this. Staff told us that they had been issued with job descriptions by the provider, and were clear of what was expected of them in their job roles.

The provider had introduced a number of quality assurance systems and checks to monitor and improve the standard of the service provided. These included periodic audits carried out by the provider's senior management team, the distribution of feedback surveys, and regular courtesy calls to people using the service. The manager and senior staff team also carried out unannounced spot checks with staff. This enabled the provider to check that staff were supporting people in the expected manner, and to identify any additional support needs staff may have. The management team also conducted specific audits on people's care notes and medicines records, to ensure these had been filled in correctly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The procedures for administering people's medicines were not always in line with current guidance.</p>